

Psychological Issues Encountered by People During COVID-19 Pandemic

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Abstract

This study was carried to assess the level of depression in people that may be caused by the COVID-19 pandemic. The primary data of this research were collected from respondents who completed the online survey after reading the consent notification. The survey was distributed through colleagues, friends and their acquaintances. It followed a non-probabilistic sampling to reach for as many participants as possible, who were driven by their interest and contribution to take part in this research. More into it, the handling and the analysis of the collected data were at high confidence measures. To fulfill the research's aim, the authors constructed an online questionnaire in google forms which contained 3 main sections: the demographic information, depression measurement based on the PHQ-9 questions as a valid depression scale and the last section covered the depression management. The demographic section covered information about age, gender, education level, type of employment and income. The following section considered the PHQ-9 patient health questionnaire as an accredited, 9-questions depression assessment measuring tool presenting a particular individual on a scale of 0-27. It is important to mention that the last question is scored in this current research, but usually not scored for assisting the clinician to assess the influence of the patient's symptoms on his or her life. The majority of participants showed some kind of depression, most of which were mild. Management of depression could include watching television, reading, exercising, socializing, having a pet and a garden. Future studies should be longitudinal to enable us and other scholars to investigate how varied factors may alter the progression of depression. In addition, a larger study group is needed to make accurate conclusions.

Keywords: COVID-19 pandemic, Mental Health, Depression.

I. INTRODUCTION

A pandemic was declared publicly around the globe in March 2020, caused by the COVID-19. Ever since, governments issued resolutions and ample of measures such as lockdowns, health and physical distancing as an effort to confront and contain the disease. In the early stages of the pandemic, concerns were focused on elderly people who were at high-risk from the expediting spread of the disease or mortality, whereas, children and adolescents were categorized not at risk for hospitalization and mortality of the COVID-19 [1].

Depression is a mental state characterized by continuous feelings of sadness, anguish, loss of energy, and struggling dealing with normal daily life. Feelings trivial and hopeless, loss of desire in life's activities, changes in sleeping and/or eating habits, and thoughts of death or suicide are also symptoms of depression. Any person can be affected by depression; however, it can be treated successfully [2].

As the out-break of the pandemic persists, extensive attention was directed towards its mental health consequences. Accumulated evidences showed rising levels of anxiety and depression as a consequence of stress issues, in addition to symptoms originating from mental distress, emphasizing that the pandemic ambient signifies a stress condition to which people of different ages and life styles are affected [3]. In the pandemic's preliminary phase online surveys, it

was pointed out that children [4-6] and students [7] are risk determinants for the distress elevation, in addition to female gender [7-9].

Staying at home and social distancing were amongst the imposed regulations of the lockdown with which a probable prevention occurrence of e.g., socializing, finding a partner, and constructing new relationships will take place, that are considered as the building blocks in early adulthood that in-lines with self-identity development theories [10, 11]. Thus, less social interaction, minimizing peer support, along with loneliness possibly will establish depressive symptoms in young adults in that period of time [4, 12].

A German study investigated the mental status of 443 participants whose mean age was 22.8 years, comprising of 77% females, and 10.4% were medical students. The observed depression mean frequencies were slightly increased, but no significant variation occurred in somatic complaints and anxiety. Medium rise was noted in loneliness frequencies that were attained pre-pandemic to those of the pandemic. Distress in pre-pandemic and loneliness demonstrated a correlation of highest significance with psychological health amidst the pandemic time. The study also elucidated an association between health-related issues and depression symptoms, somatic complaints, anxiety in addition to loneliness. A further relation was identified between social stress and loneliness. Finally, the study concluded that the students of the university are characterized as the pandemic's long term ramifications psychosocial risk group [13].

Depression treatment may cost countries heavily. This is recorded in China, where mental disorders and especially depression is one of those illnesses. In 2002, China has reported the depression

cost only exceeded six billion US\$, which formed a great burden on their economy [14].

Hence, investigating this issue on a larger scale was seen to be vital. Therefore, this research was carried out to elucidate the psychological status of people during the COVID-19 pandemic.

II. RESEARCH METHODS

The primary data of this research were collected from respondents who completed the online survey after reading the consent notification. The survey was distributed through colleagues, friends and their acquaintances. It followed a non-probabilistic sampling to reach for as many participants as possible, who were driven by their interest and contribution to take part in this research. More into it, the handling and the analysis of the collected data were at high confidence measures.

To fulfill the research's aim, the authors constructed an online questionnaire in google forms which contained 3 main sections: the demographic information, depression measurement based on the PHQ-9 questions as a valid depression scale [15] and the last section covered the depression management. For more on questionnaire's details, please refer to appendix A at the end of this article.

The demographic section covered information about age, gender, education level, type of employment and income. The following section considered the PHQ-9 patient health questionnaire as a validated, 9-question tool to evaluate the degree of depression present in an individual on scale of 0-27 as in the table below. It is important to mention that the last question is scored in this current research, but usually not scored for assisting the clinician to assess the symptoms impact patient's life.

(<https://www.mdcalc.com/phq-9-patient-health-questionnaire-9#next-steps>).

It is important to note that, each question of the questionnaire has the same list of answers the participants should select to accumulate a total score which determines the depression severity as shown in the table below. Lastly, the depression management section contained questions like: the type of the garden possessed, owning a satellite or cable TV, internet access, social media, socializing and owning a pet.

III. RESULTS

The total research sample size was 480 returned questionnaires, 20 were excluded because of repetition and/or answering with wrong data. Hence the study was based on the information of 460 respondents.

Demographic Section

The findings encompassed 18 countries, where Jordan illustrated 333, Iraq 63, USA 27, UK and Canada 6, UAE 5, Malaysia 4 and the rest of the countries varied between 1-3 respondents (Figure 1).

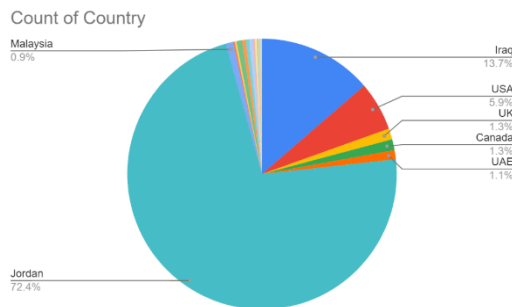


Figure 1: Countries of individuals included in the study

The participants included 250 (54.3%) females and 210 (45.3%) males (Figure 2).

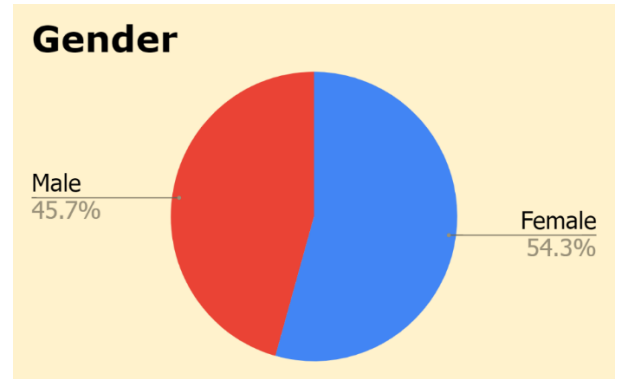


Figure 2: Gender of individuals included in the study

The recorded maximum age was 78 and the minimum was 12 years. The calculated mean was 36.9, and the median was 35 years (Figure 3).

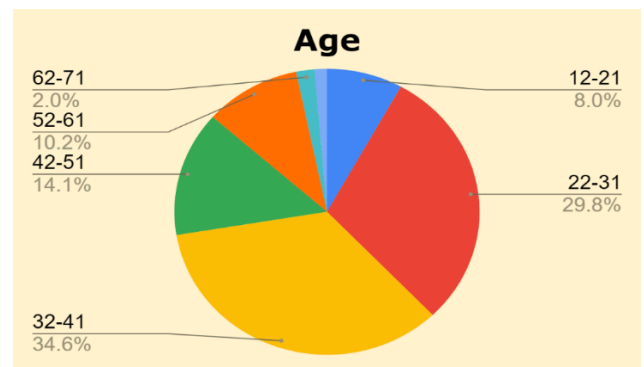


Figure 3: Age of individuals included in the study

Furthermore, it was demonstrated that 224 (48.7%) of them were head of family while 236 (51.3%) were family members (Figure 4).

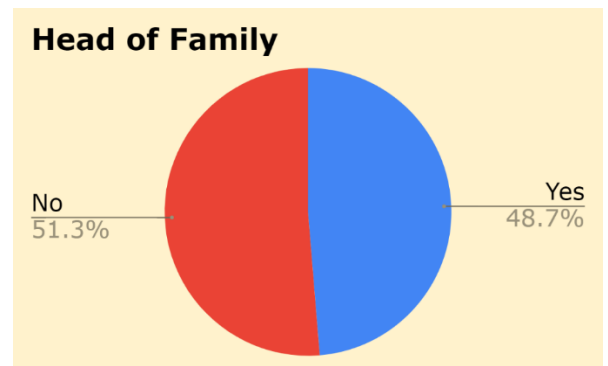


Figure 4: Percent of individuals included in the study who are heads of families or not

Families who consisted of 1-3 members constituted 123, 4-6 members 271, 7-9 members 58 and 10 and more members 8 instances of the respondents (Figure 5).

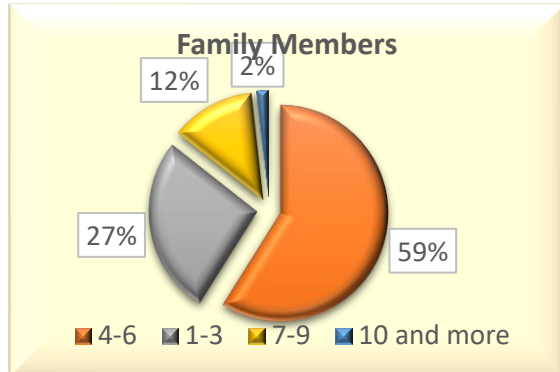


Figure 5: Number of family members of individuals included in the study

The education level revealed that 232 (50%) of the respondents had a Bachelor degree, 182 (40%) had a Master or Doctorate degree, 28 (6%) were between basic education and upper secondary level or high school, 14 (3%) with Diploma degree, and 4 (1%) were found with no formal education (Table 1).

Table 1 - Educational level of individuals included in the study

Undergraduate degree (Bachelor Degree)	232 (50%)
Post graduate degree (Master or Doctorate)	182 (40%)
Basic Education (Primary Level & Lower Secondary Level) and Upper Secondary Level including the Vocational education (Grades 1-12)	28 (6%)
Diploma degree	14 (3%)
No formal schooling	4 (1%)

The study also revealed that 78 (17%) of the respondents were students, 178 (38.7%) of them work in the private sectors, 87 (18.9%) in the government sectors, 44 (9.6%) were self-employed, 59 (12.8%) of

them were unemployed and the other 14 (3%) were retired (Figure 6).

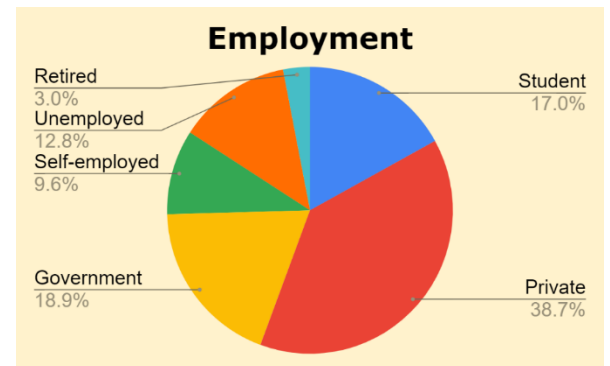


Figure 6: Employment status of individuals included in the study

The type of income category revealed that 36 of the participants had a daily income, 7 had more than one-month salaries, 327 had a monthly income and those who were with no income were 90 (Figure 7).

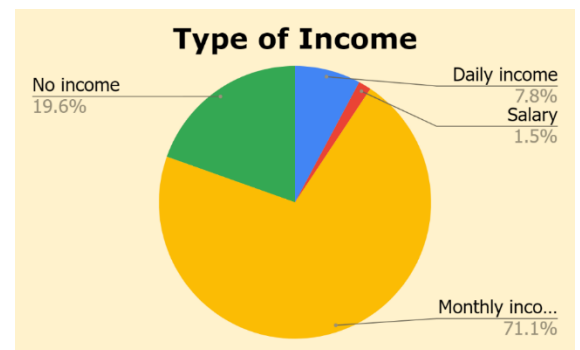


Figure 7: Type of income of individuals included in the study

IV. DEPRESSION MEASUREMENT

These results were accumulated individually based on PHQ-9 questionnaire, where mild instances of depression recorded were 168 (36.52%), minimal or none cases were 162 (35.22%), moderate 69 (15%), moderately severe 42 (9.13%), and severe cases were 19 (4.13%) (Figure 8, Table 2).

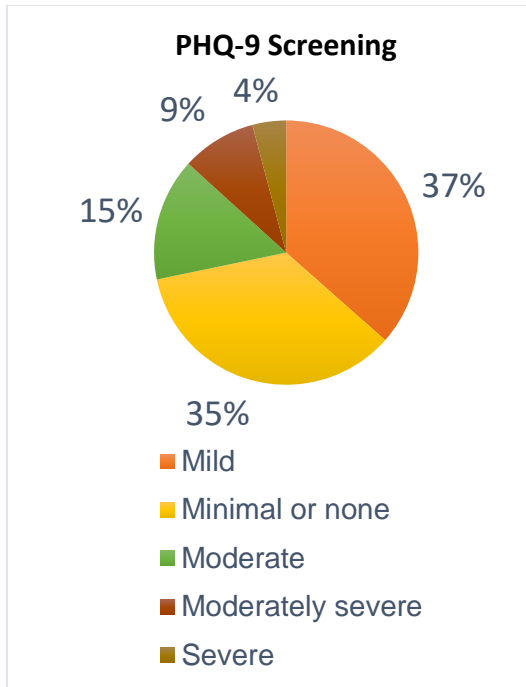


Figure 8: Frequency of depression of individuals included in the study

Table 2: Frequency of depression of individuals included in the study

Condition of Depression	Frequency	%
Mild	168	36.52
Minimal or none	162	35.22
Moderate	69	15.0
Moderately severe	42	9.13
Severe	19	4.13
Total	460	

The results of the depression management questions included in the questionnaire showed a variety of parameters that may have a positive impact on the psychological status of the individuals included in the study (Figure 9, Table 3).

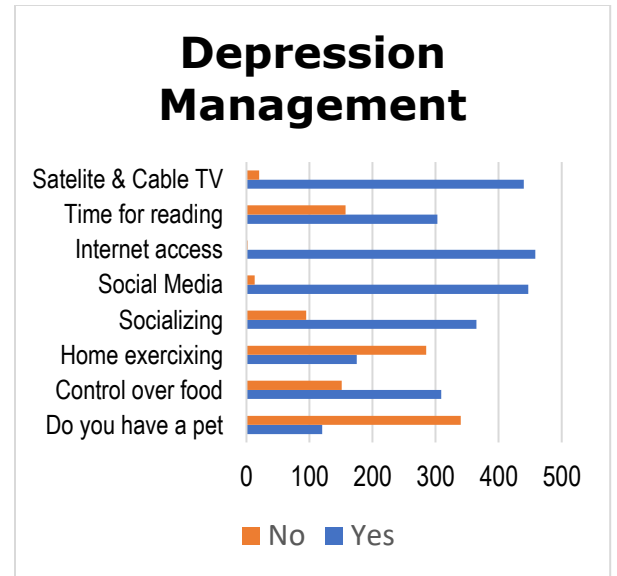


Figure 9: Depression management issues among individuals included in the study

Table 3: Depression management issues among individuals included in the study

	Satellite & Cable TV	Time for reading	Internet access	Social Media	Socializing	Home exercising	Control over food	Do you have a pet
Yes	440	303	458	447	365	175	309	120
No	20	157	2	13	95	285	151	340

Having a garden among these individuals may also have a positive impact on the psychological status (Figure 10, Table 4).

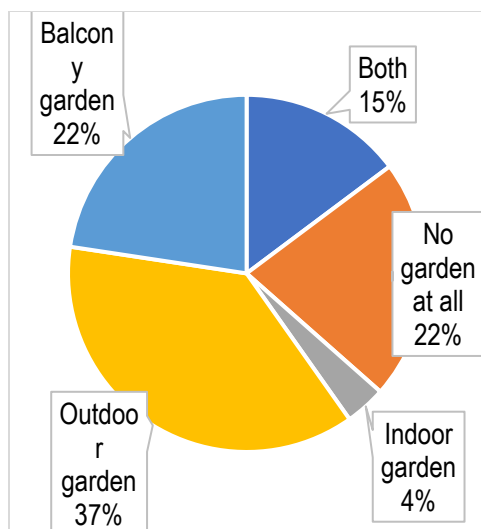


Figure 10: The acquisition of a garden among individuals included in the study

Table 4: The acquisition of a garden among individuals included in the study

Possessing a Garden	Frequency
Both (Outdoor & Indoor)	68
No garden at all	100
Indoor garden	17
Outdoor garden	171
Balcony garden	104

V. DISCUSSION

One of the predominant factors that produce incapacity among individuals of a particular modern community is depression [16, 17]. When being through epidemics or surviving a natural catastrophe, depression's long-term levels will be increased in that community [18-20] besides, the suicide rates are likely to increase in the future [21]. Similarly, suffering more unpleasant events or setbacks and hardly coping with it are added predictors of depression, stress and anxiety [22]. The world suffered a life-threatening disaster by the (SARS)-CoV-2 virus, which played a

major role in elevating the depression levels among people in most countries, varying from one country to another, some being severely affected and lost control and were unable to cope with the situation. Studying the causes of depression in vulnerable contexts during the pandemic can be of great value strategically to help alleviate this illness now and prevent it in the future.

To comply with the researchers' objectives, a depression measuring tool was required to scale depression levels along with expected variance to country, gender, age, responsibility within the family, number of family members, educational level, employment, and income among 460 people from various countries. It is clear that most of the participants had mild levels of depression. Consequently, it can be generalized that predominant psychological health problems exist amongst people who suffered the pandemic conditions. That agrees with the findings where moderate and/or severe indications of depression, anxiety, and stress were observed in the Chinese population at the initial phase of the pandemic [23].

This study found no clear-cut correlation between depression severity and the mentioned parameters. Yet, evidently the respondents experienced a particular level of depression. Similar results were documented in literature revealing that many countries suffered from depression and mental-health cases at the pandemic time [13, 23-25].

Studies show that women are more vulnerable to psychological disorders during the pandemic [23, 25]. Results from a previous study suggest that females have a tendency to discuss, in excess manner, psychological well-being issues on social media more than males. Despite that, in depression diagnosing, it is difficult to explain the depression differences in genders. Probably one

acceptable explanation worth noting, women have more liberty in expressing their feeling over men [26]. 54.3% of the participants in this current study were females.

As age advances, the increasing responsibilities on the personal point of view can also create stress both personally and professionally. Tension in the workplace to meet the challenges has a disturbing increase in the incidence of reported stress among employees in recent years and its impact on the bottom line, in addition to home. This has proven to lead to long lasting psychological and physical health issues if the exposure is continuous, including cardiovascular disease, diabetes, anxiety and depression [27]. Another study where a total of 1453 freshmen were evaluated, of which 664 (45.7%) were men and 789 (54.3%) were women, showed that 269 of the students (18.5%) presented depressive symptoms, women (20.8%) being more than men (15.8%) [28].

The count of family members was observed to have impacted the mental health. Yet managing the family stress perceived as a challenge married people face. For instance, abuse, neglect, bad spouse and in-laws [29]. Teenagers and students of the university are considered and related to those developing depression conditions more than other groups, probably resultant of studying stress that can add to the present condition to become worse [24, 30, 31].

Studies have shown that those who had office jobs had anxiety and depression at a higher level than those who had a manufacturing job, making it important to the occupational physicians to consider the organizational risks faced by those who have an office job [32]. Diverse factors may affect mental health in the workplace according to work type or occupation classification [33, 34]. Moreover, the job

description and labor environment, which can reveal the mental health conditions, differ across occupational groups. In addition to the type of work, working hours are a well-recognized occupational risk factor for mental health issues. In fact, long working hours that are greater than 40 h per week or 8 h per day were accompanying both anxiety and depression [35].

It is acknowledged that various and longstanding psychological health disorders, attempting to suicide, and decreased levels of household income are all contributors to elevate the risk of mental health malady occurrence[36].

The fast growth of the internet has had a significant impact on psychological studies in demonstrating the level of emotion and increasing interest in the addiction of internet. Depression, anxiety, and stress are of the major problems of effects of internet addiction. Additionally, studies have shown that the possibility of an individual to experience stress is high as a result of internet abuse that interferes with the normal life issues. Continued use of the internet can disturb the spending time with family and friends, social relationships are decreased and the likelihood of being alone and stressful are increased [29]. However, novel reading and watching television and exercising could relief stress. Socializing and those who has video or phone calls more frequently had less stress and depression issue than those who did not [37]. Moreover, on average, dog owners had a lower depression rate than those who did not [38]. In addition, having open spaces at home and gardens has helped to reduce or manage the depression issues [39].

COVID-19 instigates mental disorders i.e., loneliness, social isolation, and psychological distress that are attributable to the imposed social distancing, doubtfulness, and fear. This will lead to the common behavioral eating disorders. Lockdowns and

quarantines were associated with low nutritional food consumption, and overeating. More into it, pandemics were associated with stress and fear by which together instigate the development of psychological well-being drawbacks. Additionally, it was suggested that the increasing symptoms of anxiety and depression risks are contributed to loneliness and social isolating. Another point of view, economic outcomes are observed in the current pandemic, which resulted in unemployment rates to soar, payments to halt, and employees to be redundant, collectively contributing to rise anxiety and depression risks[40].

This study has certain limitations. Although the proposed objective for this research is appropriate, less ability is shown in drawing cause-effect conclusions. The authors suggest that forthcoming researches focus on longitudinal aspects to address the various contributors to depression and its development. In addition, a larger study group is needed to draw abundant accurate conclusions.

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Appendix A

Questionnaire construct

Demographic Profile

1. Country
2. State/Province/Governorate
3. Gender
 - Male
 - Female
4. Age_____
5. Head of the family
 - Yes_____
 - No_____
6. Family Members
 - (1-3),
 - (4-6),
 - (7-9),
 - 10 and more
7. Education Level:
 - Post graduate degree (Master Doctorate)
 - Undergraduate degree (Bachelor Degree)
 - Diploma degree
 - Basic education (Primary Level & Lower secondary Level)/ Upper secondary Level including vocational
 - No formal schooling
8. Employment
 - Government
 - Private
 - Self-employed
 - Student
 - Retired
9. Type of Income
 - Unemployed
 - Monthly income
 - Daily income
 - No income

Depression*

1. Little interest or pleasure in doing things
 - No at all
 - Several days
 - More than half of the days
 - Nearly everyday
2. Feeling down, depressed, or hopeless
 - No at all
 - Several days
 - More than half of the days
 - Nearly everyday
3. Trouble falling or staying asleep, or sleeping too much
 - No at all
 - Several days
 - More than half of the days
 - Nearly everyday
4. Feeling tired or having little energy
 - No at all
 - Several days
 - More than half of the days
 - Nearly everyday
5. Poor appetite or overeating
 - No at all
 - Several days
 - More than half of the days
 - Nearly everyday
6. Feeling bad about yourself – or that you are a failure of have let yourself or your family down
 - No at all
 - Several days
 - More than half of the days
 - Nearly everyday
7. Trouble concentrating on things, such as reading the newspaper or watching television
 - No at all
 - Several days
 - More than half of the days
 - Nearly everyday

8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual
 - No at all
 - Several days
 - More than half of the days
 - Nearly everyday
9. Thought that you would be better off dead or hurting yourself in some way
 - No at all
 - Several days
 - More than half of the days
 - Nearly everyday

Depression Management

1. Do you have a/an
 - Outdoor garden
 - Indoor garden
 - Both
 - Balcony garden
 - No garden at all
2. Do you have a satellite TV/ Cable TV?
 - Yes
 - No
3. Do you have time for reading?
 - Yes
 - No
4. Internet Access
 - Yes
 - No
5. Social Media
 - Yes
 - No
6. Socializing
 - Yes
 - No
7. Home exercising
 - Yes
 - No
8. Control over food
 - Yes
 - No
9. Do you have a pet?
 - Yes
 - No